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Are Bioterrorism Preparedness Dollars Making Us Safer? Improving Public Health?

New York City, 1/29/04—Are we better prepared for a terrorist attack today than we were two years ago?

In 2002, in the wake of the anthrax attacks, Congress sent 1.6 billion dollars to states and cities toward public health and bioterrorism preparedness.

How have states and cities used this money? Are the federal dollars adequate? Can we prepare for bioterrorism without neglecting other critical public health functions, such as vaccinating children?

Two new reports from The Century Foundation take up these critical questions: Progress and Peril: Bioterrorism Preparedness Dollars and Public Health*, by Elin Gursky, a senior fellow at the ANSER Institute for Homeland Security; and* Illinois: Preparedness at a Price*, by Bernard Turnock, Director of the Center for Public Health Practice at the University of Illinois at Chicago. These reports were made possible thanks to the generous support of The Robert Wood Johnson Foundation.*

Based on a national survey and interviews with state and local officials, both authors argue that progress toward preparedness has been made, but critical problems remain. According to the Gursky report, state and local health officials rated their current level of preparedness at 5.5 on a 1-10 scale, twice as high as in 200l. Turnock reports that Illinois, for example, expanded its Health Alert Network coverage to 90 percent of the population, provided for 24/7 communication of health alerts, and filled many of its outstanding positions for emergency coordinators and epidemiologists. According to Turnock's report, more than half of the $31 million CDC award in 2002 was passed through to local public health agencies. Public health leaders report acquiring better equipment and training, improving relations with emergency responders, and building more robust public health capacities.

According to both authors, challenges include balancing national preparedness standards, retaining the public health workforce, and maintaining sufficient funds to support traditional local public health functions.

Gursky writes, "Policymakers are being forced to think on a national level about how numerous and diverse public health departments are organized, integrated, and funded." As Turnock writes, "The boost in federal funding and potential for federal leadership provide a unique opportunity to fashion a more coordinated national public health system."

This report is part of a broader Century Foundation effort that explores ways to improve domestic security and to develop criteria for spending funds wisely on ways to combat terrorism. Many related publications are available at http://www.homelandsec.org, which serves as an important online resource on Homeland Security.

The Century Foundation conducts public policy research and analyses of economic, social, and foreign policy issues, including inequality, retirement security, election reform, media studies, homeland security, and international affairs. The foundation produces books, reports, and other publications, convenes task forces and working groups, and operates eight informational Web sites. With offices in New York City and Washington, D.C., The Century Foundation is nonprofit and nonpartisan and was founded in 1919 by Edward A. Filene.

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The Robert Wood Johnson Foundation, based in Princeton, New Jersey, is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grantmaking in four goal areas: to assure that all Americans have access to basic health care at a reasonable cost; to improve care and support for people with chronic health conditions; to promote healthy communities and lifestyles; and to reduce the personal, social, and economic harm caused by substance abuse—tobacco, alcohol, and illicit drugs.

Progress and Peril: Bioterrorism Preparedness Dollars and Public Health and *Illinois: Preparedness at a Price* should be of interest to journalists, government officials, health care experts, and concerned citizens. It will be available online at www.tcf..org. For more information, please contact Leif Wellington Haase, bioterrorism and public health project director, at (212) 452-7725; or Christy Hicks, vice president for public affairs, at (212) 452-7723.

TALKING POINTS

Elin Gursky: "Progress and Peril: Bioterrorism Preparedness Dollars and Public Health"

- This study attempted to determine the impact of federal bio-defense funding in support of state and local preparedness approximately one year subsequent to the award. It asked: What were the barriers to spending new federal funds? How did bio-preparedness activities affect routine and "traditional" public health functions? What policies and strategies would improve public health capacities and capabilities in order to address the threat of bio-terrorism?

- In-depth telephone interviews were conducted with 8 state public health officials and 34 local officials representing 10 states.

FINDINGS

- On the whole, public health departments report being more prepared today than they were in 2001. They have had more training in biological threats and have more tools that support connectivity with other sectors of the responder communities.

- New funds have been used to acquire much-needed communication and information tools, such as computers, fax machines, high speed Internet access, cell phones and pagers and wireless email. Additionally, public health officials have developed stronger relationships with hospitals, law enforcement, fire departments, and traditional emergency responders.

- The CDC Guidance Document required greater levels of standardization and uniformity across the nation's 50 state and 3000 local health departments. 88% of those interviewed for this study acknowledged that the Guidance Document provided an essential plan for moving forward into previously unknown areas.

- Bioterrorism funds caused some state and local health departments to consider new organizing strategies, such as implementing shared funding, staffing and response capabilities at the regional level.

- The bulk of bioterrorism preparedness efforts are being funded exclusively through federal grants. However, simultaneous cuts in state and local public health budgets are undermining the basic public health capacities necessary for bioterrorism preparedness. Reductions in personnel and traditional programs are actually reducing the capacity of state and local agencies to build an adequate and flexible workforce for responding to a bioterrorism attack, or to other emerging microbial threats.

- The threat environment remains difficult to envision and prepare for. Protecting populations for biological attacks will require the combined expertise of agencies, not only the DHSS but also DHS and DoD.
- The goal of "preparedness" requires greater definition. Public health is on a learning curve, requiring many years of sustained focus and continued funding to acquire the essential capabilities needed to protect America's citizens.

Bernard Turnock: "Illinois: Preparedness at a Price"

- This study attempted to determine the impact of federal biodefense funding in support of state and local preparedness in Illinois.

- More than half of Illinois' $31 million in BT funding went to local public health agencies. Chicago also received $13 million directly from the CDC for bioterrorism preparedness. This approximately tripled the funding for local public health infrastructure, raising the question of whether public health preparedness has increased commensurately.

FINDINGS

- By September 2003, the end of the 2002-03 funding cycle, Illinois had achieved the critical benchmarks identified in federal guidance and in the state work plan, including deploying a disease surveillance system and providing for 24/7 communications of health alerts. This success depended in substantial part on steps taken prior to the federal bioterrorism preparedness grants.

- A variety of political, economic and bureaucratic factors delayed hiring key positions that were to be funded from the bioterrorism preparedness grant to Illinois. A change in state leadership, change in state health department leadership, hiring freezes related to the state's budget crisis, greater control over hiring by the new administration all contributed to slow hiring. By mid-2003, only about half the 62 new positions for epidemiologists, emergency response coordinators, and key laboratory personnel had been filled.

- CDC called on states and local public health agencies to implement smallpox vaccination plans, although these activities had not been part of the workplan for the BT grants to states. Personnel and other costs to state and local health departments were diverted from other public health activities to accommodate these directions from CDC. One local health official indicated that smallpox vaccination efforts took up 80 percent of the time for 20 percent of his staff over a four-month period.

- *Preparedness is largely local and early efforts have been viewed as federal and state "centric". The availability of more federal, and less state money has made distribution a huge issue for local government. There is poor coordination across federal agencies, and a lack of clear federal expectations as to what public health preparedness means and how it is measured.*

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